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FAX COVER SHEET

FAX NUMBER TRANSMITTED TO: (571) 273-8300

To: US Patent and Trademark Office
Art Unit: 1617
Examiner: Ramachandran, Umamaheswari
Serial No.: 10/690,169
First Inventor: R. Kent Hermsmeyer
Title: ESTROGEN BETA RECEPTOR AGONISTS TO PREVENT OR
REDUCE THE SEVERITY OF CARDIOVASCULAR DISEASE
Filed: October 21, 2003
From: Howard Eisenberg
Atty Docket No.: 796.0013
Date: July 7, 2009

DOCUMENTS	NUMBER OF PAGES*
Transmittal Form	One
Fee Transmittal Form	One
Communication to Examiner - Supplement to Amendment Filed June 3, 2009	Seven
Attachment to Communication - Kuiper, Endocrinology, 139(10):4252-4263 (1998)	Twelve
TOTAL PAGES (not counting cover sheet)	Twenty One

* NOT COUNTING COVER SHEET. IF YOU DO NOT RECEIVE ALL PAGES, PLEASE TELEPHONE US
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Doc Code: TRAN.LET

Document Description: Transmittal Letter

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PTO/SB/21 (08-09)

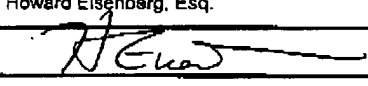
Approved for use through 06/30/2009. OMB 0651-0031

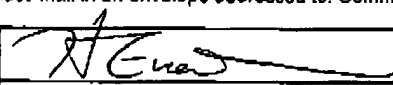
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/890,169	
	Filing Date	October 21, 2003	
	First Named Inventor	R. Kent Hermismeyer	
	Art Unit	1617	
	Examiner Name	Ramachandran, Umamaheswari	
Total Number of Pages in This Submission	21	Attorney Docket Number	HME/7961.0013

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Attachment: Kulper, Endocrinology, 139 (10):4252-4263 (1998) (12 pages)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Howard Eisenberg, Esq.		
Signature			
Printed name	Howard Eisenberg		
Date	July 7, 2009	Reg. No.	36,789

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Howard Eisenberg
Date	July 7, 2009

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PTO/SB/17 (10-08)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2009☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

0

Complete if Known

Application Number	10/690,169
Filing Date	October 21, 2003
First Named Inventor	R. Kent Hermsmeyer
Examiner Name	Ramachandran, Umamaheswari
Art Unit	1617
Attorney Docket No.	HME/7961.0013

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☒ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number 50-1773 Deposit Account Name Howard Eisenberg

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
23	- 20 or HP = 0	x 26 =	0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	- 3 or HP = 0	x 110 =	0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

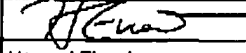
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Fees Paid (\$)

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,789	Telephone 484-412-8419
Name (Print/Type)	Howard Eisenberg	Date July 7, 2009	

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